

# General Info

Based on Nursing Home Compare - General Information

Nursing Home Name	City	Health Survey Date
MORRISON HSP (FOUR SEASONS)	MORRISON	4/20/2012
WINNING WHEELS	PROPHETSTOWN	8/9/2012
GOOD SAMARITAN SOCIETY - PROPHETS RIVERVIEW	PROPHETSTOWN	10/26/2012
RESTHAVE HOME-WHITESIDE COUNTY	MORRISON	3/28/2012
TAMMERLANE HEALTH CARE CENTRE	STERLING	6/8/2012
STERLING PAVILION	STERLING	6/1/2012
TRANSITIONS NURSING AND REHABILITATION CENTER	ROCK FALLS	7/13/2012
PLEASANT VIEW REHAB & HCC	MORRISON	5/17/2012
ROCK FALLS REHAB & HCC	ROCK FALLS	10/19/2012
COVENTRY LIVING CENTER	STERLING	12/21/2012
HARBOR CREST HOME	FULTON	6/15/2012




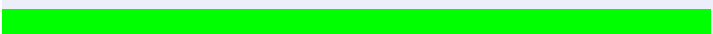




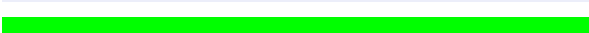
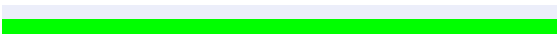
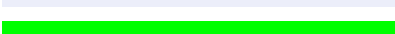
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Fire Survey Date	Number of Certified Beds	Total Number of Residents
4/26/2012	38	30
8/15/2012	80	76
10/31/2012	70	62
4/9/2012	49	43
6/6/2012	70	67
4/25/2012	121	81
7/23/2012	55	31
5/16/2012	74	62
10/18/2012	55	40
12/18/2012	124	85
6/13/2012	84	41












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Percent of Occupied Beds		Sprinkler Status	Program Participation
	79%	Partial	Medicare and Medicaid
	95%	Partial	Medicare and Medicaid
	89%	Yes	Medicare and Medicaid
	88%	Yes	Medicaid
	96%	Yes	Medicaid
	67%	Partial	Medicare and Medicaid
	56%	No	Medicare and Medicaid
	84%	Yes	Medicare and Medicaid
	73%	Partial	Medicare and Medicaid
	69%	Yes	Medicare and Medicaid
	49%	Yes	Medicare and Medicaid

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Type of Ownership	Located Within a Hospital?	Multi Nursing Home Ownership?
Government - Hospital district		
Non profit - Corporation		
Non profit - Corporation		
Non profit - Church related		
For profit - Corporation		
For profit - Partnership		
For profit - Partnership		
For profit - Individual		
For profit - Corporation		
For profit - Partnership		
Non profit - Church related		

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Resident and Family Councils	Continuing Care Retirement Community?	Quality Indicator Survey?
BOTH	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
BOTH	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
BOTH	<input type="checkbox"/>	<input type="checkbox"/>
BOTH	<input type="checkbox"/>	<input type="checkbox"/>

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Special Focus Facility?

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